

**COMBINED DECLARATION AND POWER OF ATTORNEY**

Attorney Docket No.

PC 23140 (121\*399)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**SINGLE DOSE AZITHROMYCIN**

the specification of which

(check one) ☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as

Application Serial No. \_\_\_\_\_ and

was amended on

(if applicable)

was amended through

(if applicable)

☐ the specification of which was described and claimed in PCT International

Application No. \_\_\_\_\_, filed on \_\_\_\_\_

and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States; listed below and have also identified below, by checking the box, any foreign application for patent or inventor's or plant breeder's rights certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

**Prior Foreign Application(s)****Priority Claimed**

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

60/313,867 (Application No.)	8/21/2001 (Filing Date)
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I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with CUSTOMER NUMBER 23416; all of CONNOLLY BOVE LODGE & HUTZ LLP, as attorneys with full power of substitution to prosecute this application and conduct all business in the Patent and Trademark Office connected therewith.

Send Correspondence To: <b>Connolly Bove Lodge &amp; Hutz LLP</b> P.O. Box 2207 Wilmington, Delaware 19899-2207		Direct Telephone Calls To: <b>(302) 652-9141</b>
FULL NAME OF FIRST INVENTOR	INVENTOR'S SIGNATURE	DATE
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RESIDENCE		CITY/STATE/ZIP
POST OFFICE ADDRESS		
FULL NAME OF FOURTH INVENTOR IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITY/STATE/ZIP
POST OFFICE ADDRESS		
FULL NAME OF FIFTH INVENTOR IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITY/STATE/ZIP
POST OFFICE ADDRESS		
FULL NAME OF SIXTH INVENTOR IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITY/STATE/ZIP
POST OFFICE ADDRESS		
FULL NAME OF SEVENTH INVENTOR IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITY/STATE/ZIP
POST OFFICE ADDRESS		
FULL NAME OF EIGHTH INVENTOR IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITY/STATE/ZIP
POST OFFICE ADDRESS		

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